

Fiscal Year 2013 ANNUAL REPORT



Eastern Idaho Public Health District



Prevent. Promote. Protect.

Director's Message

As the new director of Eastern Idaho Public Health District (EIPHD), it is my honor to present the Fiscal Year 2013 Annual Report on behalf of the Health Districts' Board of Health and entire staff. The work we do at EIPHD is truly a team effort and requires collaboration among our staff as well as our numerous community partners in the eight counties we serve—Bonneville, Clark, Custer, Fremont, Jefferson, Lemhi, Madison and Teton.



As one of seven local public health districts created by the Idaho Legislature in 1970 to ensure that essential public health services are available to all Idahoans, EIPHD's mission is to:

- **PREVENT** disease, disability and premature death;
- **PROMOTE** healthy lifestyles; and
- **PROTECT** the health and quality of our environment.

To accomplish this mission, Eastern Idaho Public Health District provides clinics, health education, consultative services, environmental health protection, epidemiological investigation, and public health preparedness planning among many other essential public health services.

Even in the midst of economically challenging times, EIPHD's staff has worked very hard to continue providing the highest quality public health services to the residents of Eastern Idaho. As we forge our path into an uncertain future, we will continue to meet the challenges we face head-on as we strive to fulfill our mission.

While there has been much change at EIPHD over the last year, including the retirement of former director, Richard Horne, with change comes opportunity. I am looking forward to the opportunity in the coming year to work with the health district team—the Board of Health and our employees—to re-evaluate our agency's goals and develop a strategic path forward that will ensure EIPHD's continued success well into the future.

As you browse through the pages of this report which highlights just a handful of the programs, services, and activities that have been provided by EIPHD to the citizens of Eastern Idaho during this past year, you will get a glimpse of the value that public health brings to your community. In the words of former U.S. Surgeon General, C. Everett Koop, M.D., "*Health care is vital to all of us some of the time, but public health is vital to all of us all of the time.*"

More detailed information about all of EIPHD's services is available on our website at www.phd7.idaho.gov. I also extend an invitation for you to contact me directly if you would like to share a comment or provide me with feedback on any of the information in this report. I can be reached at grackow@phd7.idaho.gov or by calling (208) 533-3163. I also encourage you to "Like" us on Facebook, where you can also share your feedback and stay up-to-day on the activities of the health district.

I look forward to the future of EIPHD!

Gerri L. Rackow, Director
Eastern Idaho Public Health District

Board of Health

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Robert Cope
Lemhi County
Chairman



Dr. Barbara Nelson
Physician
Vice Chairman



Lee Staker
Bonneville County Commissioner
2002

Lee Staker
Bonneville County
Executive Committee



Greg Shenton
Clark County



Lin Hintze
Custer County



Brian Farnsworth
Jefferson County



Lee Miller
Fremont County



Kimber Ricks
Madison County



Kathy Rinaldi
Teton County

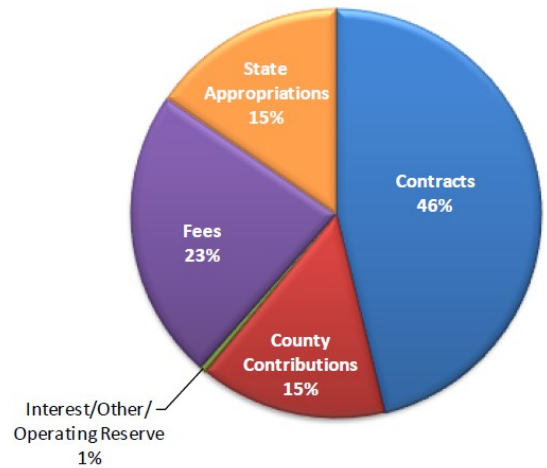
Eastern Idaho Public Health District's Board of Health is comprised of a county commissioner from each of the eight counties in the district as well as one physician representative.

Finances

REVENUE

In Fiscal Year 2013, Eastern Idaho Public Health District's (EIPHD) total revenue increased approximately 10% over FY 2012. We did experience small increase in state appropriation and county contributions, but the most notable increase came in fee revenue. Activity in immunizations, reproductive health, land development, and septic and food permits exceeded budgeted levels, resulting in more fee revenue than originally anticipated. Conversely, our contract revenue was slightly under budget. Continued support from the State and the eight counties in our district is truly appreciated.

Revenue Summary - FY13



EXPENSES

Again this year, EIPHD's management did a great job of managing the district's personnel and operating expenses. We ended the year 8% under budget in operating expenses, which is a testament to the team's ongoing efforts to be resourceful and judicious in the expenditure of the district's limited resources.

CAPITAL EXPENDITURES

In May of 2012, EIPHD's Board of Health directed that the outstanding loan for the district's Bonneville County office be retired. As a result, \$1,085,628 was taken from the district's capital reserve account in August to pay off this loan. EIPHD's management feels fortunate to no longer have any long-term debt and hopes to now start rebuilding the capital reserve account to respond to future building needs of the district.

Value of Services Provided to the Counties

The chart below represents the value of services provided to the Counties by the health district. In addition to the actual services provided by the health district, the counties benefit from a combined \$4,540,969 in WIC food vouchers that WIC participants spend on food in local retail stores. The value of the WIC vouchers is included in the "Value per \$1 County Contribution" number below.

| County | FY13 County Contribution | Value of WIC Food Vouchers | Value of Public Health Services Provided | Value per \$1 County Contribution |
|---------------|--------------------------|----------------------------|--|-----------------------------------|
| Bonneville | \$479,720 | \$2,354,007 | \$6,235,665 | \$13 |
| Clark | 5,749 | 26,555 | 169,653 | \$30 |
| Custer | 35,075 | 36,753 | 340,985 | \$11 |
| Fremont | 80,058 | 195,087 | 676,359 | \$8 |
| Jefferson | 112,866 | 497,298 | 1,475,214 | \$13 |
| Lemhi | 40,931 | 96,938 | 588,004 | \$14 |
| Madison | 158,036 | 1,194,250 | 2,402,724 | \$15 |
| Teton | 68,667 | 140,081 | 582,494 | \$8 |
| TOTALS | \$981,102 | \$4,540,969 | \$12,507,851 | |

Office Locations



Jefferson County
380 Community Lane
Rigby
745-7297



Lemhi County
801 Monroe
Salmon
756-2122



Madison County
314 North 3rd East
Rexburg
356-3239



Teton County
820 Valley Centre Drive
Driggs
354-2220



Bonneville County
1250 Hollipark Drive
Idaho Falls
522-0310



Clark County
420 West Main
Dubois
374-5216



Custer County
1050 N Clinic Road
Challis
879-2504



Fremont County
45 South 2nd West
St. Anthony
624-7585

Public Health Snapshot

More than 70 communicable diseases are on Idaho's Reportable Disease list. Health care providers, lab workers, and hospital administrators are required to report communicable diseases to their local health district within three days of diagnosis. Listed below are the diseases reported to Eastern Idaho Public Health District in FY 2013.

| Disease | FY13 | FY12 | FY11 | Disease | FY13 | FY12 | FY11 |
|---|------|------|------|---|------|------|------|
| Amebiasis | 0 | 0 | 2 | Lyme disease | 5 | 0 | 1 |
| Aseptic Meningitis | 0 | 2 | 5 | Malaria | 1 | 2 | 0 |
| Botulism, Infant | 2 | 0 | 0 | Noroviruses | 73 | 3 | 5 |
| Campylobacteriosis | 41 | 28 | 40 | Pertussis | 44 | 8 | 17 |
| Chlamydia | 340 | 341 | 315 | Q Fever | 0 | 0 | 0 |
| Congenital Hypothyroidism | 1 | 2 | 1 | Rabies, post exposure prophylaxis | 4 | 1 | 0 |
| Cryptosporidiosis | 18 | 19 | 10 | Rabies, animal | 4 | 0 | 0 |
| Giardiasis | 11 | 11 | 16 | Respiratory Syncytial Virus (RSV) | 374 | 96 | 168 |
| Gonorrhea | 6 | 9 | 21 | S. Aureas, methicillin-resistant, invasive (MRSA) | 9 | 11 | 14 |
| Group A Streptococcus, invasive | 0 | 1 | 0 | Salmonellosis | 21 | 12 | 14 |
| Haemophilus Influenza, invasive | 3 | 2 | 5 | Shiga toxin producing Escherichia coli (E. coli) | 15 | 9 | 22 |
| Hemolytic Uremic Syndrome | 0 | 0 | 0 | Shigellosis | 2 | 3 | 3 |
| Hepatitis A, acute | 0 | 1 | 2 | Spotted Fever Rickettsiosis | 0 | 2 | 0 |
| Hepatitis B virus infection, chronic | 2 | 5 | 2 | Strep pneumonia, invasive | 0 | 1 | 0 |
| Hepatitis C, acute | 4 | 1 | 1 | Syphilis | 2 | 4 | 2 |
| Hepatitis C virus infection, chronic/resolved | 122 | 80 | 93 | Toxic-shock syndrome, staphylococcal | 0 | 1 | 0 |
| HIV | 2 | 1 | 1 | Tuberculosis | 1 | 2 | 2 |
| Lead poisoning | 0 | 3 | 0 | Tularemia | 0 | 0 | 1 |
| Legionellosis | 0 | 0 | 1 | West Nile Virus | 1 | 0 | 0 |
| Listeriosis | 0 | 0 | 0 | Yersiniosis | 1 | 0 | 0 |

protecting Idahoans from communicable diseases

Environmental Health Division

Environmental health continues to be one of the major issues facing our society. Public health recognizes the connection between human health and the health of our environment. The goal of having a healthy community with clean and safe air, water, food, and surroundings is aimed at minimizing the public's exposure to environmental hazards and

preventing disease. Public health staff work hard to educate the public on the meaning, purpose, and benefit of compliance with public health laws, regulations, and ordinances.

In the following pages, you will read about a couple of examples of how public health accomplishes this goal.

| | FY13 | FY12 | FY11 |
|---------------------------------------|-------|-------|-------|
| # of Septic Permits Issued | 387 | 318 | 282 |
| # of Food Establishment Inspections | 1,291 | 1,551 | 1,680 |
| # of Public Water Systems Monitored | 302 | 304 | 319 |
| # of Child Care Facility Inspections | 224 | 215 | 241 |
| # of Solid Waste Facility Inspections | 33 | 42 | 33 |



Proper hand washing and glove use is important at temporary events.

Environmental Health Division

FOOD PROGRAM: TEMPORARY EVENTS

Summertime in Eastern Idaho brings warm weather and outdoor events. Most of these temporary events would not be complete without food vendors. Since temporary food vendors must comply with the Idaho Food Code, EIPHD spends a great deal of time educating, licensing, and inspecting temporary food vendors. Any person wanting to serve food at a temporary event must apply for a license at least two weeks prior to that event.

Even with our best efforts, it is hard to keep track of all the events and food vendors that want to operate during the summer. Luckily, most events have an event coordinator that we are able to work with to make the process smoother for the vendor as well as the health district. Over the past few years we have made a special effort to build good relationships with event coordinators in each county.

One such example of this is our partnership with the Greater Idaho Falls Chamber of Commerce, who is responsible for Liberty Fest, Taste of Idaho, and other large events in Idaho Falls each year. The Chamber's event coordinator has a good understanding of the minimum requirements for licensing temporary food vendors and will not allow any to set up at an event without proper documentation from EIPHD. In addition, just prior to the event, the coordinator sends health district staff a map showing the names and locations of all the food vendors that will be at the event. This helps our inspectors keep track of who is at the event and helps them find those vendors that need to be inspected. A good event coordinator is the key to a quality temporary event as well as a great asset for our health inspectors.

Food must be held at the proper temperature even at a temporary event—including freshly made salsa.



Environmental Health Division

PUBLIC DRINKING WATER PROGRAM

DON'T QUIT

*When things go wrong as they sometimes will
When the road [we're] trudging seems all uphill*

*Life is strange with its twists and turns
As every one of us sometimes learns.*

*And [we] never can tell how close [we] are
It may be near when it seems so far*

*So stick to the fight when [we]'re hardest hit
It's when things seem worst that [we] must not quit.*

~Author Anonymous

Things tend to go wrong sometimes and the end does not seem to come. A situation happened in Island Park at the Henry's Fork Village Water Company where that system just did not give up. The Henry's Fork Village Water Company is located in Last Chance close to the Henry's Fork River. This water system has three wells. Well #1 and Well #3 are tied together through a manifold while Well #2 is an old, low producing well in the back corner of the subdivision served as a back up.

The Henry's Fork Village Water Company spent a lot of money drilling the new Well #3 and tying it together with Well #1. The new well supplied cold, crystal clear water when it was first drilled. Updated technology was installed to the system to allow the operator to adjust water flows, pressure, the amount of chlorine added from the comfort of his home over the internet.

In October 2012, the water system collected a routine water sample to represent the fourth quarter. However, this sample was positive for total coliform bacteria. According to the drinking water rules, the system needed to collect four repeat samples and then five more samples in the month following the positive sample.



*Well #3—The well head is properly capped
and there is adequate casing height.
Unfortunately, the seal below has failed.*

Four repeat samples were collected and three of them were positive for total coliform again. These results placed the system in violation of the Total Coliform Rule (TCR) by having a Maximum Contaminant Level violation. A violation of this type requires the system to let its residents know by posting a public notice.

The system posted this notice on the entrance to the subdivision, on doors of the residents living there, and emailed to those not living in the subdivision fulltime. A copy was also sent to the Health District. The system disinfected the well sources and distribution system. Then, in order to remove the public notice and make a determination that the water is safe to drink, the system must collect two samples for two consecutive days and all should be absent of bacteria. The system did this and was successful in removing the notice.

It appeared that the system was back on track, but more twists and turns happened. It was a lesson to learn from. November came and one of the five required samples was positive which resulted in repeat samples being collected again. And the whole process is repeated. Repeat samples were collected and some were positive for bacteria. A public notice was posted at the end of November and five more samples were required in December 2012.

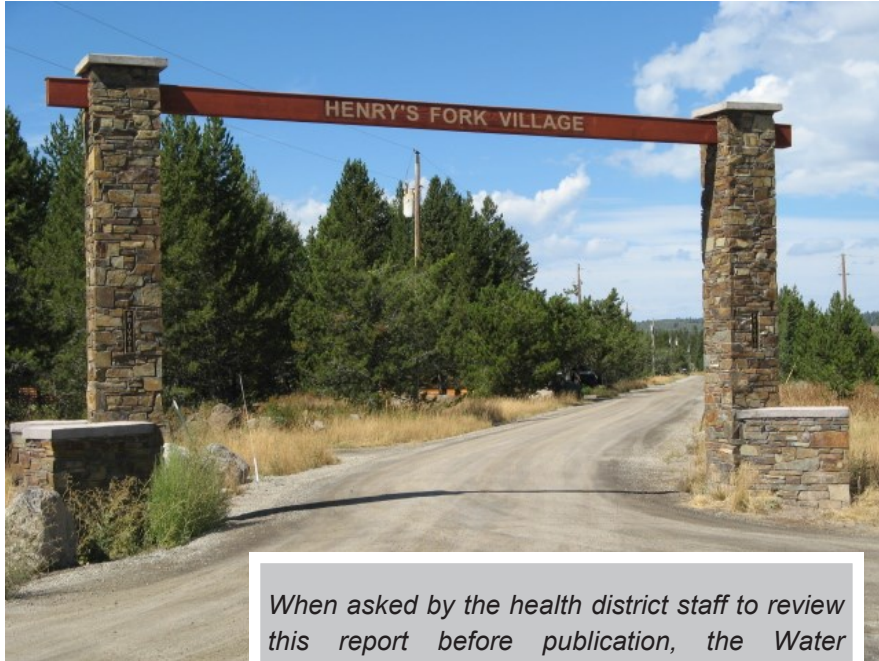
The public notice remained posted into December and the attempt to remove it by collecting two samples for two days failed. The samples collected in early December were positive again for total coliform. And the public notice remained posted. All of these samples were being collected from the manifold shared by Well #1 and Well #3 or downstream in the main distribution lines.

At this point several different parties got involved to resolve the issue. In mid-December a conference call was set up through the Health District involving the Henry's Fork Village Water Company Board, a well drilling company, a hydrogeologist, several engi-

Environmental Health Division

PUBLIC DRINKING WATER PROGRAM

neers, and the Department of Environmental Quality. The group sat down to discuss what might be causing the contaminated water. A camera was sent down Well #3 showing the well screen was encrusted with loose material which caused the water to become dirty and cloudy. The video taping also led to a concern that the well casing was faulty. It was decided that Well #2 would be activated and supply water to the subdivision. There were not too many people living there during the winter and that well could supply enough water to the homes.



When asked by the health district staff to review this report before publication, the Water Company president, Bill Galbraith, responded,

“the Board was extremely pleased with the collaborative assistance it received from the health district and the Idaho Department of Environmental Quality as consultants and participation in the several conference calls. We look forward to further help during efforts to save Well #3.”

Thinking a solution was close and the problem could be solved by the end of January, most everyone seemed optimistic about the discussion. The conference call was to determine how to fix the problem as soon as possible and send the well drilling crew there to repair it. However, it was not that easy. Several obstacles presented problems like weather conditions, equipment logistics, ordering parts and making sure everyone was informed of the process.

Setbacks continued to happen into the early spring. When Well #3 was pumped at a high consistency the water became cloudy and dirty. It seemed that dirt or sealant material from the well was mixing with the water in the well casing column. Well #2 was still being used and the Water Company Board was thinking that water restrictions would be initiated at the subdivision during the summer since Well #2 was not a high producing well.

Over the course of several months, conference calls happened on a frequent basis. All the parties involved were trying to keep people informed of the progress and what was happening with the

different wells. It was determined that the largest producing well would not be used any longer. It may very well be irreparable. One smaller well and the backup well now serve water to the subdivision. The expensive large well sits unused and the possibility of it not being salvaged and used worried the Water Company Board.

After replacing the faulty casing seal on Well #3 and following several months of flushing the system, then resampling for bacteria, five samples all came back free of bacteria. The system did not quit from its determination to have clean water. It has since removed the public notice and is supplying clean and safe water to the subdivision.

Family and Community Health Services

Fiscal Year 2013 proved to be a period of intensive activity within the Family and Community Health Services (FACHS) division. Beginning in July, 2012, the division began to transition from our current vendor of practice management/client data system, CDP, to SuccessEHS, a new electronic medical record and practice management software system. The cost of data services has increased with the use of our new vendor, but it is believed that a more efficient electronic and customized billing system and other electronic interfaces will be worth the investment.

The transition to SuccessEHS required an incredible effort on the part of our Information Technology (IT) department and all members of the FACHS team. Perhaps the biggest challenge facing the district was the extensive and competing demand on staff time. Staff members were required to participate in live or recorded classes pertinent to their assignments. FACHS management and other select staff were identified as "super users" and undertook additional trainings to become experts on the new system.

The other and ever-present demand on staff time was the customer service and programming requirements of the new software program, which

could not be put on hold. Many staff put in long days, weeks, and months. The level of commitment and energy staff members expended is a tribute to their character, their positive attitude, and their passion for delivering quality public health services.

The "go-live" date of Monday, January 7, 2013, seems like only yesterday. Clinic services were reduced for varying periods of time after "go live" and many systems are still in the quality improvement phase of implementation. Data collection and analysis is beginning just in time to complete annual report and strategic planning documents.

Realistically, it may take close to a full additional year to test out and fine-tune all aspects of the Success EHS system. The training for fee collections processing has just begun. Interfaces with the Idaho Immunization and Information System (IRIS), the State of Idaho lab, and Lab Corps are still works in process. The speed of data transactions also continues to be analyzed.

The following program highlights of FACHS programs tell additional stories of public health significance.

| IMMUNIZATION SERVICES | | | |
|-----------------------|--------------------|----------------------|-------------------------|
| County | # of Adults Served | # of Children Served | # of Vaccinations Given |
| Bonneville County | 6,208 | 3,168 | 15,999 |
| Clark County | 132 | 112 | 402 |
| Custer County | 585 | 306 | 1,209 |
| Fremont County | 426 | 298 | 1,204 |
| Jefferson County | 1,268 | 1,181 | 4,527 |
| Lemhi County | 949 | 353 | 1,792 |
| Madison County | 1,604 | 1,069 | 5,013 |
| Teton County | 504 | 319 | 1,437 |
| FY13 Total | 11,676 | 6,806 | 31,583 |
| FY12 Total | 9,183 | 6,842 | 28,440 |
| FY11 Total | 8,242 | 6,439 | 25,751 |

Family and Community Health Services

IMMUNIZATION PROGRAM

EIPHD continues to operate a busy immunization practice for both adults and children. In addition to providing all the routine age-specific recommended vaccines for adults and children, the Health District also provides flu vaccine annually. The influenza season has been fairly mild in recent years; however, this last year as the winter season progressed, so did the number of cases of influenza. Fortunately, last flu season's prevailing strain of flu-causing illness matched the vaccine components quite well. The public demand for vaccine was quite high, especially as local private providers began to use up their supplies. Of course, some of the peak demand occurred during January, simultaneous with the "go-live" of SuccessEHS. In addition to convenient on-site flu vaccination clinics for schools and businesses, the day-to-day office walk-in and scheduled provision of flu vaccinations resulted in a significant volume of administered influenza immunizations this year. Approximately 9,000 doses of flu vaccine were provided to the public during FY 2013, 2,000 more doses than last fiscal year and more than in several recent years. James Corbett, RN, Immunization Coordinator, and Amy Gamett, RN Manager, had to place at least three additional orders for vaccine to be able to meet the continued demand.

Idaho's statewide Pertussis (whooping cough) outbreak which began in FY 2012 and peaked at 13.4 cases per 100,000 population (January-July data) continued into FY 2013. Although Idaho's incidence rate for Pertussis did not mimic the high levels of documented disease in the neighboring states of Montana and Washington, much of the public heeded our public health advisory to make sure a Tdap vaccine had been received as an adult. In FY 2013 data showed that 4,480 doses of Tdap vaccine were administered to adults compared to 3,588 doses in FY 2012 and 2,235 doses in FY 2011. Given the waning effectiveness of this particular vaccine and the continuing high rates of disease in Montana, it is likely that EIPHD will need have to maintain a steady vigilance in response to this on-going Pertussis outbreak.

The first full year of expanded insurance billing for child and adult immunizations took place this year. EIPHD is not a preferred provider organization (PPO) and cannot accommodate some customers with this insurance arrangement. The volume of insured adults who utilized our immunization services has significantly increased our volume and fee revenues. However, the transition to Success EHS and expanded insurance billing resulted in adding one employee to the District's billing office to assist with FACHS business.

EIPHD's FACHS staff participates in many community outreach activities, including the annual Idaho Falls Independence Day parade and the Idaho State Fair. Another invaluable outreach event is an annual FREE immunization clinic for children that is held at the health district.

The purpose of this outreach is to promote the importance of immunizations and the need to keep our communities healthy and free from vaccine-preventable diseases.



Save Lives—Immunize!

Family and Community Health Services

REPRODUCTIVE HEALTH & SEXUALLY TRANSMITTED DISEASE PROGRAMS

EIPHD's reproductive health clinics provide valuable services to thousands of men and women, some who have limited access to health care and many of whom have significantly limited incomes. Services include family planning and birth control services; sexually transmitted disease diagnosis, treatment, counseling and partner notification; Women's Health Check; and 'district care' or limited acute care services for clients who don't meet eligibility for the previously mentioned services.

As with most preventive services, there is a tremendous value in early diagnosis and treat-

ment of disease. In addition, each unplanned pregnancy that is prevented saves considerable amount of dollars in medical care not to mention other societal costs.

In our health district, as well as in the State, chlamydia remains the sexually transmitted disease (STD) most commonly encountered, accounting for 122 of the 298, or 41%, of the positive STD cases in the district. Most individuals, particularly women, do not have symptoms. It is a priority for us to continue to offer accessible, affordable, and confidential services to our vulnerable populations.

| REPRODUCTIVE HEALTH & SEXUALLY TRANSMITTED DISEASE SERVICES | | | | | | | | | | | |
|--|-------------------|--------------|---------------|---------------|------------------|--------------|----------------|--------------|------------|------------|------------|
| | Bonneville County | Clark County | Custer County | Fremont Count | Jefferson County | Lemhi County | Madison County | Teton County | FY13 Total | FY12 Total | FY11 Total |
| REPRODUCTIVE HEALTH SERVICES | | | | | | | | | | | |
| Individuals Served | 2,687 | 37 | 75 | 128 | 354 | 206 | 317 | 156 | 3,960 | 4,089 | 3,719 |
| % of Clients at ≤150% of Poverty Level | 89% | 84% | 82% | 92% | 91% | 87% | 90% | 91% | 90% | 89% | 87% |
| # of Abnormal Pap Smears | 75 | 0 | 1 | 1 | 12 | 5 | 12 | 2 | 108 | 102 | 141 |
| # of Unwanted Pregnancies Averted (theoretical) - CY11 | 333 | 7 | 20 | 19 | 55 | 39 | 31 | 19 | 523 | 503 | 591 |
| SEXUALLY TRANSMITTED DISEASE (STD) SERVICES | | | | | | | | | | | |
| # of Positive STD Tests (including Chlamydia, Gonorrhea, & Syphilis) | 222 | 0 | 1 | 14 | 27 | 7 | 19 | 8 | 298* | 353 | 350 |

*Due to the low incident of HIV, the HIV/AIDS positive data is not available at the county level. Eastern Idaho Public Health District had 2 new positive HIV/AIDS case reported in FY13. Positive tests reflect cases reported from EIPHD and private medical offices in which health district staff conducted follow-up. Total positive STD Tests = 298 (296 + 2 HIV/AIDS)

Family and Community Health Services

WOMEN'S HEALTH CHECK PROGRAM

The Women's Health Check (WHC) program continued to provide free breast and cervical cancer screenings for uninsured and income eligible women as funded by the Federal law. The number of women served in this program continues to increase. In FY 2013, 504 women were screened at EIPHD clinics or through other participating private practices. This program targets low income women who are between 50 and 64 years of age who do not have health insurance. Despite the availability of Idaho's Health Insurance Exchange in October of 2013, many individuals, including the women in need who we serve in this program, will continue to be uninsured because of the lack of Medicaid expansion in Idaho. Individuals' lack of awareness of the Health Insurance Exchange will also contribute to an ongoing need for the health district to continue providing these valuable services.



The value of detecting 16-22 cancers in early stages is immeasurable!

WOMEN'S HEALTH CHECK SERVICES

| County | # of Women Screened at EIPHD | # of Women Screened at Private Providers | Total # of Women Screened | # of Clients Referred for Additional Testing | # of Breast & Cervical Cancers Detected |
|-------------------|------------------------------|--|---------------------------|--|---|
| Bonneville County | 231 | 89 | 320 | 72 | 13 |
| Clark County | 0 | 2 | 2 | 0 | 0 |
| Custer County | 10 | 14 | 24 | 2 | 1 |
| Fremont County | 10 | 19 | 29 | 1 | 1 |
| Jefferson County | 16 | 37 | 53 | 2 | 1 |
| Lemhi County | 14 | 27 | 41 | 6 | 4 |
| Madison County | 18 | 8 | 26 | 4 | 2 |
| Teton County | 7 | 2 | 9 | 2 | 0 |
| FY13 Total | 306 | 198 | 504 | 91 | 22 |
| FY12 Total | 273 | 204 | 477 | 106 | 16 |
| FY11 Total | 237 | 182 | 419 | 98 | 17 |

Health Preparedness, Promotion, and Surveillance

FIT AND FALL PROOF™ PROGRAM

Fall Prevention in Idaho

What do we know about falls? What is the problem?

- Up to 30% of community dwelling adults fall each year
- About 20% of falls cause physical injury
- Falls are a leading cause of injury and death for older adults
- ½ to 2/3 of falls occur around the home
- A majority of falls occur during routine activities
- Falls are not usually caused by a single issue. It is often a combination of things together
- Loss of muscle strength and balance
- Combinations of medications
- Trip hazards
- Falls are largely PREVENTABLE!

In Idaho, falls are the leading cause of nonfatal injury and injury death in those adults 65 years and better. From 2008 – 2010, 82% of all unintentional deaths by fall occurred to those aged 65 and better. In 2010, 127 Idahoans aged 65 and better died from a fall. 91% of these individuals were transported to the hospital. In 2011, partial reporting from ambulance runs revealed 7,036 fall-related calls. Women fall more often than do men. It is estimated that the average healthcare costs in Idaho for older adult falls to be nearly \$31 million per year.

We do have answers. Fit and Fall Proof™ (FFP) is a Promising Practice exercise program. FFP was developed in Idaho for Idahoans in 2005. The purpose of the FFP program is to improve functional fitness, to decrease accidental falls, reduce the fear of falling, increase physical activity through strength and balance exercises and provide social support.

Learn More

Visit www.phd7.idaho.gov and click on the link to Classes/Events to find a class near you.

Currently, EIPHD supports 13 FFP class sites in Bonneville, Custer, Madison, Jefferson, and Teton Counties. There is additional interest for a site in Fremont County. The average number of participants in 2012 was 675. Data shows a statistically significant difference in participants' mobility between pre- and post-test scores.

Fit and Fall Proof classes are taught by trained older adults and BYU-I student interns in the Health Science and Physical Health programs. Classes are offered 2 to 3 times per week for 45 to 60 minutes per class. Classes run nearly year round in most sites.



Those individuals who participate in the FFP program report the following:

Holly—“Before coming to Fit & Fall Proof class I couldn’t stand on my toes or my heels. I couldn’t get into and out of a bathtub. I couldn’t put on my pants while standing. Now I can do all of these things. I even tripped today but I didn’t fall thanks to this class.”

Jim—“I have two artificial knees. When I first started Fit & Fall Proof class I couldn’t bend my knee enough to reach behind and grab a hold of my shoe. Now I can. I have more range of motion now. I am more steady on my feet. I couldn’t walk on a straight line when I first came and now I am doing so much better.”

Health Preparedness, Promotion, and Surveillance

ADOLESCENT PREGNANCY PREVENTION PROGRAM

To decrease teen pregnancies in Idaho, the Adolescent Pregnancy Prevention (APP) program aims to provide youth and their parents with access to sexual health education. Studies find that sexual health education helps teens delay sexual activity, use condoms and birth control correctly, avoid sexually transmitted diseases, and prevent pregnancy.

Unplanned teen pregnancies cost Idaho taxpayers approximately 39 million dollars a year in Medicaid, foster care, and incarceration. These figures are not surprising given that children born from teen pregnancies often have poorer mental and physical health compared to children born from planned adult pregnancies. To support the goals and objectives of the APP program, each health district in Idaho is implementing the Reducing the Risk (RTR) curriculum within partnering schools. During the 2012-2013 school year, RTR was taught in 12 classes within 5 schools in our health district area, more than any other district in Idaho.

Reducing the Risk is a skills-based curriculum designed to help teens prevent pregnancy and the transmission of STD's, including HIV. RTR delivers and reinforces these clear messages: abstinence is the best and safest choice, youth should avoid unprotected sex, and youth should always use protection if they have sex. In addition, RTR teaches students important life skills such as risk-assessment, communication, decision-making and planning skills, and refusal strategies and delay tactics.



To further support these messages, RTR is supported at each school through a Youth-Adult Partnership with meetings and activities held throughout the school year. Some activities this past school year included teen dating violence prevention posters, healthy relationship activities, spin n' win teen pregnancy prevention activity, and articles in various school newspapers.



Health Preparedness, Promotion, and Surveillance

PUBLIC HEALTH PREPAREDNESS

EIPHD's Public Health Preparedness program was established in 2002. The objective of the program is to enhance the District's ability to respond to, and recover from, a catastrophic event such as an act of bioterrorism, communicable disease outbreak, or other public health threat in our eight-county region. Through public health preparedness planning, EIPHD is better positioned to protect the public's health on a day-to-day basis.

On April 29 through May 1, 2013, EIPHD's staff participated in the Idaho Statewide Medical Countermeasure Full-Scale Exercise. This was an operations-based exercise that was conducted across the State of Idaho, encompassing multiple exercise venues in each of the seven Public Health Districts. EIPHD collaborated with the following local partners in this exercise:

- Bonneville County Emergency Management
- Madison County Homeland Security
- Teton County Emergency Management
- Brigham Young University Idaho
- Idaho National Laboratory
- Eastern Idaho Medical Reserve Corps
- Madison County Fire Department
- Madison County Sheriff Department

The exercise was designed to test state and local emergency response plans and policies and procedures for requesting, receiving, distributing, and dispensing life-saving medications from the Strategic National Stockpile in response to a potential biological terrorist attack.

The following capabilities were selected to measure and validate emergency response plan performance:

- Emergency Operations Coordination
- Medical Countermeasure Dispensing
- Medical Materiel Management and Distribution
- Emergency Public Information and Warning
- Public Health Surveillance and Epidemiological Investigation
- Volunteer Management



EIPHD staff, Coalition partners, and EIPHD participated in the Idaho Statewide Medical Countermeasure Full-Scale Exercise.

EIPHD's preparedness staff tested the following objectives:

- Requesting and receiving Strategic National Stockpile assets.
- Distributing Strategic National Stockpile assets to the Brigham Young University Idaho District Distribution Center.
- Dispensing medical countermeasures to 100% of the affected population within 48 hours.

Several strengths were identified during this exercise, including:

- The ability to provide medical countermeasures to 100% of the affected population within 48 hours.
- The ability to fully operate a District Distribution Center to receive, stage, inventory, store, and redistribute the Strategic National Stockpile.
- The ability to operate a fully functional Emergency Operations Center capable of providing strategic leadership and response to a biological event.

This exercise was a success for EIPHD and all partner agencies. Future exercises will focus on Emergency Operations Center activity tracking, security issues, the District Distribution Center,

Health Preparedness, Promotion, and Surveillance

HOSPITAL PREPAREDNESS PROGRAM / ASPR



The Idaho Healthcare Preparedness Program is funded through a cooperative agreement with U.S. Department of Health and Human Services (HHS), Office of the Assistant Secretary for Preparedness and Response (ASPR), Office of Preparedness and Emergency Operations (OPEO), Hospital Preparedness Program (HPP). The primary purpose of the Idaho Healthcare Preparedness Program is to build medical surge capabilities and capacities among Idaho healthcare entities to respond to bioterrorism, infectious disease outbreaks, natural or man-caused disasters, and other public health threats and emergencies.

Idaho has formed Regional Healthcare Planning Groups (RHCPGs) that serve as healthcare coalitions to plan, train, and practice together to improve the ability of the regional healthcare systems to respond to and recover from a medical surge event. The Eastern Idaho Healthcare Coalition is comprised of representatives from the following organizations/agencies within our eight-county region: hospitals, Emergency Management Services, County Emergency Managers, County Coroners, Idaho National Laboratory, Department of Energy, Bureau of Homeland Security, and EIPHD. The Coalition also helps plan and coordinate trainings and exercises for the Eastern Idaho Medical Reserve Corps.

National Guidance for Healthcare System Preparedness have been designed to assist state, local, RHCPG members, and other first responder partners to identify gaps in preparedness, determine specific priorities, and develop plans for building and sustaining healthcare specific capabilities. These capabilities facilitate and guide preparedness planning and ultimately assure safer, more resilient, and better-prepared communities and regional healthcare systems

To help obtain these goals for contract year 2012-2013, the Eastern Idaho Healthcare Coalition decided to utilize ASPR pass-through funds—funds that are distributed to the health district that are given to the regional planning group—to continue the purchase of medical equipment and assets that would aid the region in the event of an emergency. Equipment is owned by and maintained by each requesting medical entity, but is shared and available for use by entities in the eight county region through memorandums of understanding.

Below is a list of some of the medical equipment purchased with ASPR funds this year.

| Sub-Capability | Item | Organization |
|--------------------------------------|--|---|
| Critical Infrastructure Protection | Cummings 150 Portable Generator | Eastern Idaho Regional Medical Center |
| | First Water Portable Water Purification System, 300 Gallon Storage Tank and Water Containers | Steele Memorial Medical Center |
| Fatality Management | Mass Fatality Trailer, Supplies; Wheeled Litters | Madison Memorial Hospital, Teton Valley Ambulance, Fremont County EMS |
| Mobile Medical Assets | Light Plant Generator CO Monitor, O2 Cascade System, Shelving | Madison Memorial Hospital; Teton Valley Hospital |
| Interoperable Communications | 700 MHz Radio Propane Generator for Relay Ridge Repeater, Propane Tank | Teton Valley Ambulance |
| Medical Evacuation; Shelter-In-Place | Food Storage for Hospital | Steele Memorial Medical Center |
| Alternate Care Site | Mobile Work Light System; 6-Yamaha 200ISC Generators; 3-Yamaha 6300 Generators | Teton Valley Ambulance, Fremont County EMS, Madison County Ambulance, Idaho Falls EMS, Swan Valley Ambulance, Central Fire District, Clark County EMS, Lemhi County EMS |

Nutrition Division

WOMEN, INFANTS, AND CHILDREN (WIC) PROGRAM

WIC is based on the premise that early intervention programs during critical times of growth and development can help prevent future medical and developmental problems. WIC is administered by USDA's Food and Nutrition Services (FNS). WIC was created in 1972 as a two-year pilot program and was made permanent in 1975. As a gateway through which many low-income families enter the public health system, WIC reaches a large number of this nation's infants and children. The WIC program offers three types of benefits to all participants free of charge:

1. a supplemental food package,
2. nutrition education, and
3. referrals to health care and social services.

WIC participation at EIPHD has been slowly increasing over the years, reaching its highest participation in FY2010 at 8,345 individuals. Since that time, participation has been going down: FY 2011—7,823 participants; FY 2012—7,565 participants, and ending FY 2013 with 7,505 participants. This downward trend is not only being experienced in our health district, but in other health district throughout Idaho and the nation.



Special Supplemental Nutrition Program for Women, Infants & Children

BREASTFEEDING PEER COUNSELOR PROGRAM



The WIC program supports and promotes breastfeeding in a variety of ways, including classes, education, an enhanced breastfeeding food package, and Peer Counselors. The Peer Counselor program is a way to support breastfeeding moms through mailings, personal phone calls, classes, hospital visits, and home visits. Strong evidence supports Peer Counselor Programs as the number one way to impact breastfeeding rates among the WIC population.

Peer Counseling services are provided by trained and experienced peers. Eastern Idaho Public Health District currently employs nine Peer Counselors, two of which have earned certification as Internationally Board Certified Lactation Consultants (IBCLCs). Approximately 500 women are currently participating in this program.

This program has seen good success. In 2011, Eastern Idaho Public Health was recognized as having some of the highest breastfeeding rates in the nation. According to the WIC Breastfeeding Data Local Agency Report, our health district was in the top 1% of national WIC local agencies for percent of fully breastfed infants. This is calculated from the fact that we were ranked 17th out of 1,760 local agencies.

Nutrition Division

WOMEN, INFANTS, AND CHILDREN (WIC) PROGRAM



WIC PROGRAM STATISTICS

| | Total Clients Enrolled | # of Clients Participating | # of Women Enrolled | # of Infants Enrolled (0-12 months) | # of Children Enrolled (1-5 years) | WIC Food Dollars Spent | # Participants In FY 2012 WIC Dollars Spent | # Participants in FY 2011 WIC Dollars Spent |
|------------------------------|------------------------------|----------------------------------|---------------------------|--|---|---------------------------|---|---|
| Bonneville County | 4,241 | 3,901 92% | 1,044 24% | 911 22% | 2,286 54% | \$2,565,554 | <u>3,831</u> \$2,469,143 | <u>4,560</u> \$2,371,687 |
| Clark County | 44 | 43 98% | 9 20% | 7 16% | 28 64% | \$26,399 | <u>42</u> \$16,526 | <u>55</u> \$20,737 |
| Custer County | 60 | 56 93% | 15 25% | 10 17% | 35 58% | \$43,875 | <u>58</u> \$43,891 | <u>61</u> \$33,635 |
| Fremont County | 313 | 296 95% | 62 20% | 57 18% | 194 62% | \$183,882 | <u>335</u> \$205,655 | <u>424</u> \$198,441 |
| Jefferson County | 858 | 819 95% | 175 20% | 149 18% | 533 62% | \$372,027 | <u>856</u> \$377,973 | <u>1,022</u> \$381,771 |
| Lemhi County | 179 | 161 90% | 42 23% | 35 20% | 102 57% | \$96,763 | <u>164</u> \$104,133 | <u>190</u> \$102,713 |
| Madison County | 2,124 | 1,992 94% | 728 34% | 520 25% | 876 41% | \$1,144,557 | <u>1,976</u> \$1,131,278 | <u>2,308</u> \$1,124,038 |
| Teton County | 253 | 237 94% | 49 20% | 39 15% | 165 65% | \$130,671 | <u>302</u> \$161,868 | <u>322</u> \$159,691 |
| FY2013 Total | 8,072 | 7,505 93% | 2,124 26% | 1,728 21% | 4,219 52% | \$4,563,728 | | |
| FY2012 Total | 8,592 | 7,565 88% | 2,198 26% | 1,825 21% | 4,569 53% | \$4,510,467 | | |
| FY2011 Total | 8,942 | 7,823 87% | 2,283 26% | 2,017 23% | 4,641 52% | \$4,392,716 | | |



Public Health

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Idaho Public Health Districts



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